

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11871</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Daniel</u> <u>P</u> <u>Simien</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 71501</u> Street <u>2990 Davis Road</u> City <u>Fairbanks</u> State <u>Alaska</u> ZIP Code + 4 <u>99707</u>	4. Name, file number, and address of labor organization. Name <u>LIUNA Local 942</u> Labor Organization File Number <u>042981</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>2740 Davis Road</u> City <u>Fairbanks</u> State <u>Alaska</u> ZIP Code + 4 <u>99709-5231</u>
5. Position in labor organization. <u>President/Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Daniel P. Simien</u>	On <u>8/12/2005</u> Date	<u>(907) 452-7486</u> Telephone Number

Name of Person Filing Daniel Simien	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text" value="Alaska"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text" value="Alaska Laborers/Employers Trust Funds"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text" value="LIUNA Local 942"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text" value="P.O. Box 34203"/></p> <p>Street <input style="width: 80%;" type="text" value="2815 Second Avenue Suite 300"/></p> <p>City <input style="width: 80%;" type="text" value="Seattle"/></p> <p>State <input style="width: 20%;" type="text" value="Washington"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="98124"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Labor Trustee-Alaska Laborers/Employers Trust Funds Provides Pension, Health & Welfare, Training, and Legal benefits for LIUNA members of Locals 942 & 341 </div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Reimbursement of daily expenses, travel, lodging, food, associated with Trust meetings and educational conferences. </div> <p>12.b. Amount. <input style="width: 80%;" type="text" value="\$6,759"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 100%;" type="text"/></p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Alaska Laborers/Employers Trust Funds provides Pension, Health & Welfare, Training, and Legal benefits for LIUNA members of Locals 942 and 341.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12/3/03-12/4/03
Health & Welfare meeting - Food and beverage

12.b. Amount.

\$90

Part B Continuation Page

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P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provide pension benefits to members.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12/3-12/4/03

Food & beverage
Retirement Trust meeting

12.b. Amount.

\$38

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Alaska Labores/Employers Trust

Trade Name, if any: Laborers

P.O. Box, Bldg., Room No., if any P.O. Box 34203

Street 2815 Second Avenue Suite 300

City Seattle

State Washington ZIP Code + 4 98124

11.a. Nature of such dealing.

Provide Health & Welfare benefits to members.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

4/6-4/7/04

Food & beverage

Health & Welfare Trust meeting

12.b. Amount.

\$129

Part B Continuation Page

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Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Alaska Laborers/Employers Trust

Trade Name, if any: Laborers

P.O. Box, Bldg., Room No., if any P.O. Box 34203

Street 2815 Second Avenue Suite 300

City Seattle

State Washington ZIP Code + 4 98124

11.a. Nature of such dealing.

Provide pension benefits to members

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

4/6-4/7/04

Food & beverage

Retirement Trust meeting

12.b. Amount.

\$109

Name of Person Filing Daniel Simien

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Alaska Laborers/Employers Trust

Trade Name, if any: Laborers

P.O. Box, Bldg., Room No., if any P.O. Box 34203

Street 2815 Second Avenue Suite 300

City Seattle

State Washington ZIP Code + 4 98124

11.a. Nature of such dealing.

Provide pensions benefits to members

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

4/5-4/6/04

Lodging - Retirement Trust meeting.

12.b. Amount.

\$227

Part B Continuation Page

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P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

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- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

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Name Alaska Laborers/Employers Trust

Trade Name, if any: Laborers

P.O. Box, Bldg., Room No., if any P.O. Box 34203

Street 2815 Second Avenue Suite 300

City Seattle

State Washington ZIP Code + 4 98124

11.a. Nature of such dealing.

Provide pension benefits to members.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

8/3/04-8/4/04

Lodging - Retirement Trust meeting

12.b. Amount.

\$529

Part B Continuation Page

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Name

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Street

City

State ZIP Code + 4

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- ☐ c. Employer

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Name Alaska Laborers/Employers Trust

Trade Name, if any: Laborers

P.O. Box, Bldg., Room No., if any P.O. Box 34203

Street 2815 Second Avenue Suite 300

City Seattle

State Washington ZIP Code + 4 98124

11.a. Nature of such dealing.

Provide Health & Welfare benefits to members

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12/1/04-12/2/04

Food & beverages
Health & Welfare meeting

12.b. Amount.

\$42

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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Part B Continuation Page

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Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

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- ☐ c. Employer

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Name Alaska Laborers/Employers Trust

Trade Name, if any: Laborers

P.O. Box, Bldg., Room No., if any P.O. Box 34203

Street 2815 Second Avenue Suite 300

City Seattle

State Washington ZIP Code + 4 98124

11.a. Nature of such dealing.

Provide benefits to members.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

2005 IFWBP Conference
Hotel Deposit & Registration

12.b. Amount.

\$1,310



DANIEL P. SIMIEN
President



**LABORERS' INTERNATIONAL UNION
of NORTH AMERICA
LOCAL 942**

2740 DAVIS RD., FAIRBANKS, ALASKA 99709, (907) 456-4584
710 W. 9th AVE., JUNEAU, ALASKA 99801, (907) 586-2860
FAIRBANKS FAX (907) 452-6285
JUNEAU FAX (907) 586-5757



TIM SHARP
Business Manager
Secretary-Treasurer

August 12, 2005

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

Re: Form LM-30 Filing for Daniel P. Simien, 042-981, LM-2 File Number

Dear Sir or Madam,

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or and estimated price range for the value of the benefit received where I have no knowledge as to and exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with there requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

Daniel P. Simien
President/ Business Representative/ Trustee
Laborers International Union of North America, Local 942